



South Carolina Department of Insurance

MARK SANFORD
Governor

SCOTT H. RICHARDSON
Director of Insurance

APPLICATION FOR APPROVAL AS INDEPENDENT ACTUARY FOR SPECIAL PURPOSE FINANCIAL CAPTIVES

ONLY INDIVIDUALS MAY APPLY

TO: The Director of Insurance for the State of South Carolina
South Carolina Department of Insurance
PO Box 100105
Columbia, South Carolina 29202-3105
ATTENTION: Kristin Barrett – Senior Analyst/Examiner – Complex Transactions

SECTION ONE: GENERAL APPLICANT INFORMATION

I, the undersigned, hereby apply for approval to provide the annual actuarial opinion on reserves by an approved independent actuary for special purpose financial captives required by SC Code of Laws Section 38-90-470(D)(2).

1. **Full Legal Name** _____

2. **Residence Address** _____

3. **Date of Birth** _____ **Social Security Number** _____

4. **Education and Training:**

<u>College / University</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Degree Obtained</u>
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<u>Graduate Studies:</u>	<u>College / University</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Degree Obtained</u>
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(List all educational institutions attended and addresses on additional sheet, if necessary. Indicate major concentration and actuarial exams completed if not a **Fellow**.)

5. **List memberships in Professional Societies or Associations**

Name of Society/Assoc	Contact Name	Address of Society/Assoc	Tele # of Society/Assoc
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Mailing Address: SC DOI, PO Box 100105, Columbia, South Carolina 29202-3105

Street Address: 1201 Main Street, Suite 1000, Columbia, South Carolina 29201

Telephone: (803) 737-6870 / Fax: (803) 737-4976

Email: spfc@doi.sc.gov or kbarrett@doi.sc.gov

6. **Present Chief Occupation**

Position / Title _____ How Long in this position? _____

Employer's Name _____

Employer's Address _____

Business Telephone _____

How long with this employer? _____ What location(s)? _____

7. **Other jobs, positions, directorates, or offices concurrently held at present** _____

8. **Complete Employment Record for Past 20 Years (Attach Resume or Curriculum Vitae)**

**Beginning / End
Dates**

Employer / Address

Title

9. **List the Special Purpose Financial Captive(s) (SPFCs) for which you will provide an annual actuarial opinion.**

10. **Indicate education, professional designations and experience which qualify you to meet the Specific Qualification Standard of the American Academy of Actuaries for issuing a Statement of Actuarial Opinion with respect to the NAIC Property and Casualty Annual Statement and/or the NAIC Life and Health Annual Statement, as applicable.**

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11. In responding to the following, if the record has been sealed or expunged, and the applicant has personally verified that the record was sealed or expunged, an applicant may respond “No” to the question. Have you ever:
- a. Been refused an occupational, professional or vocational license or permit by any regulatory authority, or any public administrative or governmental licensing agency? **Yes No**
 - b. Had any occupational, professional or vocational license or permit you hold (or have held) subject to any judicial, administrative, regulatory or disciplinary action? **Yes No**
 - c. Been placed on probation or had a fine levied against you or your occupational, professional or vocational license or permit in any judicial, administrative, regulatory or disciplinary action? **Yes No**
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? **Yes No**
 - e. Pled guilty or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? **Yes No**
 - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? **Yes No**
 - g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law, or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
 - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? **Yes No**

If the response to any question above is answered “Yes”, please provide details on a separate sheet of paper including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

SECTION TWO: ATTACHMENTS AND EXHIBITS

Please attach the following documents to this application as exhibits:

1. Your resume or curriculum vitae;
2. Certified copies of any disciplinary orders issued against you by any professional organization to which you belong; **[if there have been none, please so state]**
3. Copies of all professional licenses that you hold;
4. Copies of all the resumes and/or curriculum vitae of all persons who would be employed or assigned actuarial work by you; and
5. Any other additional information deemed necessary to evaluate your qualifications to serve as an independent actuary by the Director or her designee.

SECTION THREE: CERTIFICATION

I hereby certify that my responses to the above are true, correct and complete to the best of my information, knowledge and belief. I have read and understand all the requirements of the SC Code Ann. 38-90-470(D)(2).

(No Fee Required)

Signed _____

Dated _____

Subscribed and sworn to me before this _____ day of _____ 20_____

Signature of Notary Public _____

NOTARY SEAL Notary Public authorized by law of the State of _____

to administer oaths. My commission expires on _____